EXHIBIT 2

(Name of Limited-Lieblity Cor	npany)		LLC28416-2004
OR THE FILING PERIOD OF DECEMBER 2005	TO DECEMBER 2006		
e corporation's duly appointed resident agent in the State of Neva	ida upon whom process can be served is	Filed in the office of	Document Number
GREGORY L GOUGH 4755 CAUGHLIN PKWY		Em Helle	20060053320-2
SUITE A RENO NV 89509		Dean Heller Secretary of State	Filing Date and Time 01/27/2006 7:2
		State of Nevada	Entity Number LLC28416-200
FORM TO CHANGE RESIDENT AGENT INFORMATION CAN BE FO	UND ON OUR WEBSITE: accretaryofetate biz		
portant: Read instructions before completing a	THE ABOVE SPACE IS FOR OFFICE USE ONLY		
ual be deursed an amended but for the previous year, sider your check payable to the Secretary of State. Your canceled of charling Capties. If requested above, one file stamped copy will be retur- e of \$2.00 per page is required for each additional copy generated when from the completed form to: Secretary of State, 202 North Carson Street, Co wim must be in the possession of the Secretary of State on or before the for due date will be returned for additional fees and penalties.	med at the additional charge. To receive a cestified is ordering 2 or more file stamped or certified copies. areon City, NV 99701-4201, (775) 884-5706. lest day of the month in Which it is due. (Postmark	copy, enclose an additional \$30,00 per a Appropriate trainsclians must accompa date is not accepted as receipt date.) F	ny your order.
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Nevaca Secretary of State Form INITIAL LIST-LLC 2005 Ranteed on, Carbarda

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

TANAMERA CORPORATE CENTER LLC FOR THE PERIOD DEC 2005 TO 2006. DUE BY DEC 31, 2005.

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:



LLC28416-2004

GREGORY L GOUGH 4755 CAUGHLIN PKWY SUITE A RENO NV 89509 Filed in the office of La. Sille.

Dean Heller
Secretary of State

State of Nevada

Document Number 20050522356-70

Filing Date and Time

11/02/2005 9:45 AM

Entity Number

LLC28416-2004

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK TACHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SET	THIS BOX AND NT.	THE ABOVE SPACE	IS FOR OFFICE USE ONLY	
PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNS	NG THIS FORM			
I Include the names and addresses, either residence or business for all m		ers. I ast year's information has been preprint	ted. If you need to	
make changes, cross out the incorrect information and insert the new info				
FORM WILL BE RETURNED IF UNSIGNED.				
2. If there are additional managers or members, attach a list of them to this l	lorm.			
3 Return the completed form with the \$125.00 tiling (ee. A \$75.00 penalty r	must be added for failure to file	this form by the deadline. An annual list rece	sived more than 90 days	
before its due date shall be deemed an amended list for the previous yea. Make your check payable to the Secretary of State. To receive a certific	at.		·	
5 Return the completed form to. Secretary of State, 202 N. Carson St., Co.	arson City, NV 89701-4201.	(775) 684-5708.		
6 Form must be in the possession of the Secretary of State on or before the	e last day of the month in which	hit is due. (Postmark date is not accepted as	receipt date) Forms	
received after due date will be returned for additional fees and penalties				
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I declare, to the best of my knowledge under penelty of perfern, that the above mentioned entity has compiled with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category & tellony to knowledge any false or forged instrument for filling in the Office of the Secretary of State.

TITLEIS

10-27-05

(Document will be rejected if Title not indicated)

MANAGER

Date

X Signature of Manager or Managing Member

ADDRESS

GICSSAZ (Rev 01/35)

MEMBER